

ENDOCRINOLOGY WAIVERS

CONDITION: HYPOTHYROIDISM (ICD9 244)

Revised January 2002

AEROMEDICAL CONCERNS: Hypothyroidism most often presents with slowly progressive symptoms of fatigue, lethargy, muscle weakness, decreased cognitive function, delayed reflexes, bradycardia, first degree heart block, cardiomegaly, pericardial effusion, menstrual irregularities, depression, sensorineural hearing loss, and anemia. These symptoms may slowly degrade flight performance and be totally unrecognized by the aviator until significant degradation is present.

WAIVERS:

Initial Applicants (Class 1A/1W): Exception to policy is considered on a case-by-case basis.

Initial Applicants (Classes 2,3,4): Waivers are commonly recommended once the individual is clinically and chemically euthyroid and on approved medication with no demonstrated side effects.

Rated Aviation Personnel (All Classes): Waivers are commonly recommended once the individual is clinically and chemically euthyroid and on approved medication with no demonstrated side effects.

ICD9 Code Condition

244	Acquired hypothyroidism
245.0	Acute thyroiditis
245.1	Subacute thyroiditis
245.2	Hashimotos thyroiditis
245.9	Thyroiditis, unspecified

INFORMATION REQUIRED:

- ❖ Endocrinology Consultation (preferred) or Internal Medicine Consultation,
- ❖ Laboratory: Thyroid panel (to include TSH and Free T4 as a minimum) completed within 90 days of submission, and these laboratory results should be in the euthyroid range prior to submission for waiver.

FOLLOW-UP: Submission of thyroid function testing with all comprehensive physicals. Although this requirement is only with the comprehensive FDME, the flight surgeon should assess for symptoms and check levels annually.

TREATMENT: LEVOTHYROXINE (Synthroid, Unithyroid, Levoxyl) is an acceptable treatment.

DISCUSSION: Three main reasons exist for thyroid hormone deficiency: 1) primary hypothyroidism: permanent atrophy of the thyroid tissue, 2) goitrous hypothyroidism: hypothyroidism with compensatory thyroid enlargement, or 3) insufficient stimulation of a normal gland as a result of hypothalamic or pituitary disease. The first two reasons account for 95% of the cases of hypothyroidism. In hypothyroidism, tiredness and lethargy are the two most common early symptoms. In over 90% of cases, patients will manifest these as well as dry, coarse skin, slowed speech, and eyelid edema. The severity of symptoms depends on the degree of hormone deficiency. The onset of hypothyroidism is usually so insidious that the typical manifestations may take months or years to appear and may go unnoticed by family and friends. The ratio of females to males is 5:1; no age group is immune. Indefinite follow-up is advised, mainly to confirm patient compliance.

REFERENCE:

Journal of the American Medical Association, *Treatment guidelines for patients with hyperthyroidism and hypothyroidism.* , 1995, 273: 808-12.

National Guidelines Clearinghouse: www.guideline.gov, *AACE clinical practice guidelines for the evaluation and treatment of hyperthyroidism and hypothyroidism.*